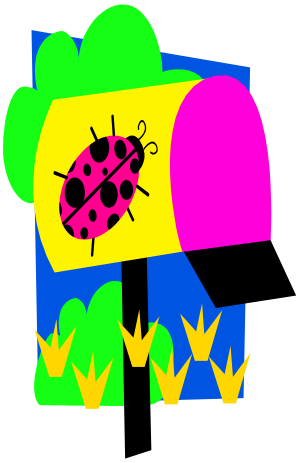
March-April, 2004

Arizona Health Care Cost Containment System

ENCOUNTER KEYS

INSIDE THIS ISSUE

Physician Fee Schedule Update	1
Pended Encounters	1
Dilemmas	2
System Updates	2-7



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PHYSICIAN FEE SCHEDULE UPDATE

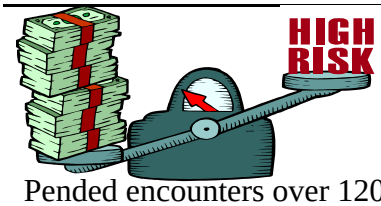
AHCCCS is revising its Fee-For-Service (FFS) Physician Fee Schedule payment rates for dates of service on and after May 1, 2004.

The revision consists of two components. First, the fee schedule rates will be updated based on the Medicare 2004 physician fee schedule (excluding maternity, anesthesia, dental and transportation services). Second, AHCCCS will implement a facility/non-facility rate differential consistent with Medicare.

The facility/non-facility rate structure will assign a reimbursement rate for a given AHCCCS covered procedure code based on the place of service (POS) code for that procedure. AHCCCS' facility/non-facility rate differential will be consistent with the facility/non-facility rate differentials on the Medicare 2004 Relative Value Schedule. AHCCCS definitions for POS "facility" and "non-facility" are the same as those established by Medicare.

The AHCCCS fee schedule and procedure modifiers, incorporating the updates described above, may be accessed on the FTP server by referencing file #02 at ftp/shareinfo/reference/refer02.zip following the April 2004 month-end processing. In addition, the fee schedule will be available on the AHCCCS website, located at www.ahcccs.state.az.us. By clicking on the Provider section, you can view the entire fee schedule or groups of procedure codes. Rates are downloadable from the website as text or Excel files, and are searchable by both procedure code and description. The website will be updated in early May.

Pended Encounters



Pended encounters over 120 days are sanctionable. Some of the reasons encounters have been pending include incorrect Health Plan Identification Number, Tape Supplier number, group provider identification number, missing or invalid procedure codes. For assistance, contact your Technical Assistants: Peggy Brown (602) 417-4662; Ester Hunt (602) 417-4140 or Lydia Ruiz, Mgr. (602) 417-4602.

DILEMMAS

For the months March and April, the following error code conditions are not subject to sanction:

- F100 - Procedure Code Missing or Invalid (AHCCCS coding needs to include new format of NNNNA)
- H115 Admit Date Unreasonable For Service Begin Date
- H490 From Date Of Service Is Prior To Admit Date
- P340 - Provider Specific Rate Not On File For DOS (Only for Nursing homes billing therapy services)
- R295 Medicare Reported But Not Indicated
- S385 - Service Units Exceed Maximum Allowed for **8XXXX** procedure codes
- S386 - Maximum Anesthesia Units Exceeded (Service units less than twice the limit)
- V398 - Procedure Code Must Be A Valid HCPC Format of NNNNA (AHCCCS coding needs to include new format of NNNNA)

Updates

Surgical Procedures

Effective 01/01/2002 the revenue code 361 (Minor Surgery) procedures codes 10021 to 69990 have been added. For a complete listing of data refer to the AHCCCS FTP server\ftp\shareinfo\reference\refer01.zip and AHCCCS PMMIS Reference Screen 773 (Revenue Codes-To-Procedure Codes).

Provider Type

Effective 06/01/2003 procedure code 59300 (Episiotomy Or Vaginal Repair, By Other Than Attending Physician) has been added to Provider Type 09 (Certified Nurse-Midwife)

Effective 09/01/03 procedure code 29125 (Application Of Short Arm Splint (Forearm To Hand)) has been added to Provider Type 14 (Physical Therapist)

Modifier Update

Effective 01/01/2003 procedure code 52310 (Cystourethroscopy, With Removal Of Foreign Body, Calculus) can be billed with the modifier 58 (Staged/Related Procedure Same Post-OP Period)

Place of Service

Effective 01/01/2003 place of service 12 (Home) has been add to the procedure code L8239 –Gradient Compression Stocking, Not Otherwise Specified

Effective 01/01/2003 place of service 23 (Emergency Room - Hospital) has been added to procedure code 265373 - Injection Procedure For Extremity Venography

Effective 01/01/2000 place of service 24 (Ambulatory Surgical Center) has been added to procedure codes G0260 - Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic and 27096 - Injection Procedure For Sacroiliac Joint, Arthrography

Effective 01/01/2003 place of service 23 (Emergency Room – Hospital) has been added to procedure code 26765 - Open Treatment Of Distal Phalangeal Fracture, Finger Or Thumb

Effective 01/01/2003 place of service 22 (Outpatient Hospital) has been added to procedure code 37183 - Revision Of Transvenous Intrahepatic Portosystemic Shunt

Effective 01/01/2004 place of service 21 (Inpatient Hospital) has been added to procedure codes:

- 90823 - Individual Psychotherapy, Interactive, Using Play Equipment;
- 90824 - Individual Psychotherapy, Interactive, Using Play Equipment with medical evaluation and management services

Effective 01/01/2002 the following procedure codes have been added to Place of Service (POS) 22 (Outpatient Hospital), 06 (Indian Health Service Provider-BAS) and 08 (Tribal 638 Provider-Based Facility):

G0042 Pet Myocardial Perfusion Imaging, (Following Stress)
G0043 Pet Myocardial Perfusion Imaging, (Following Stress Nuclear Ventriculogram)
G0044 Pet Myocardial Perfusion Imaging, (Following Rest ECG, 93000)

Effective 01/01/2003 POS 31 (Skilled Nursing Facility), 32 (Nursing Facility) and 33 (Custodial Care Facility) have been added to procedure codes A4405 to-A4415.

Revenue Code

Under Revenue codes 300 - 309 (Laboratory) on reference screen (RF773) the procedure codes listed below have been added:

G0107 (Colorectal Cancer Screening; Fecal-Occult Blood Test) effective date 07/01/2001
G0122 (Colorectal Cancer Screening; Barium Enema) effective date 07/01/2001
G0328 (Fecal Blood Screening Immunossay) effective date 01/01/2004

P codes

Effective 12/31/2003 the “P” codes have been end dated for provider types 18 (Physicians Assistant) and 19 (Registered Nurse Practitioner).

TN Modifiers

Effective 10/01/2003 for provider types: 36 - (Assisted Living Home (Formerly Ach)); 49 - (Assisted Living Center-Units Only); and 50 - (Adult Foster Care) can bill/report the following procedure codes with the modifier TN (Rural/Outside Providers' Customary Services).

- A0120 - Non-Emergency Transportation: Mini-Bus, Mountain Area Transports
- A0130 - Non-Emergency Transportation: Wheel-Chair Van
- S0209 - Wheelchair Van, Mileage, Per Mile
- S0215 - Non-Emergency Transportation; Mileage, Per Mile
- T2005 - Non-Emergency Transportation; Non-Ambulatory Stretcher Van

Code Updates

Effective 01/01/2004 the dialysis supervision codes G0308-G0327 have added modifier 59 (Distinct Procedural) and Place Of Service 22 (Outpatient Hospital); 06 (Indian Health Service Provider-Base) and 08 (Tribal 638 Provider-Based Facility).

Effective 01/01/2003 procedure code 85097 (Bone Marrow, Smear Interpretation) has added place of service 81 (Independent Laboratory).

Effective 01/01/2003 procedure code 38792 (Injection Procedure; For Identification Of Sentinel Node) has added place of service 22 (Outpatient Hospital).

Effective 01/01/2003 procedure code 59300 - Episiotomy Or Vaginal Repair, By Other Than Attending Physician has been back-dated for provider type 09 (Certified Nurse-Midwife)

Encounter Edit Updates

A900/A901

Due to a recent problem in reported health plan paid amount, the soft encounter error A900, unreasonable health plan paid amount, is being modified to identify significant differences between the AHCCCS fee schedule and the health plan paid amount. It is expected that the A900 error will be changed to hard effective with dates of services on and after October 1, 2004. The A901 error may be changed to hard at a later date.

Z220

A logic error was found in encounter edit Z220 - Prescribing Provider ID Missing or Invalid. The logic error has allowed missing prescribing provider IDs to bypass the edit. Reporting prescribing provider ID on pharmacy encounters is required. The logic error should be corrected soon. Please review your pharmacy prescribing provider ID submissions. Missing prescribing provider IDs will result in pended encounters if not reported. As soon as the logic error has been corrected you will be notified.

Z623

Due to an error, encounters are pending for error code - Z623 (Near Duplicate, Administration and Toxoid State Supplied Modifier). This error code is directed towards the Vaccines for Children Program (VFC). It is not necessary for your staff to correct this pend error. AHCCCS will release these errors in May.

For questions regarding encounter edit updates, please contact your encounter customer service representative.

Behavioral Health

Two changes specific to behavioral health reporting are as follows.

1. **RATE INCREASE** for non-physician assessments

CODE: H0031, Mental Health Assessment By Non Physician

FROM: $29.50 PER 30 MINUTES
TO: $42.00 PER 30 MINUTES
WHEN: For dates of service on and after April 15, 2004

The HB modifier (vocational assessments) associated with this code will be inactivated.

PROVIDER TYPES AFFECTED:
72-RBHAs and Tribal RBHAs
77-Outpatient behavioral health clinics
85-CISWs -Certified Independent Social Workers
86-CMFTs -Certified Marriage and Family Therapists
87-CPCs – Certified Professional Counselors
88-School-Based Guidance Counselor
89-School-Based Certified Psychologist
A3-Community Service Agency
A6-Rural Transitional Substance Abuse Agency

2. DISCONTINUE COVERAGE for comprehensive multidisciplinary assessment.

CODE: H2000, Comprehensive Multidisciplinary Evaluation,
Currently priced at $42.00 per 30 minutes.
WHEN: Code will be end-dated **May 31, 2004, the code will not be covered for dates of service on and after June 1, 2004**

PROVIDER TYPES AFFECTED:
Same provider types as above

Providers who are using H2000 are advised to use H0031. Please note there is overlap in the change dates of the two codes. The effective date for rate increase to H0031 is April 15, 2004, while the end date of H2000 is for dates of service on or after June 1, 2004.

Coverage Code Update

Effective April 1, 2004, AHCCCS will re-open the Integrated Care codes for Federally Qualified Health Clinic (FQHC) and Rural Health Clinics (RHC). The codes will be allowed only for a FQHC/RHC place of service (50) and limited to the following provider types: Psychologists (11), Registered Nurse Practitioners (19), Certified Independent Social Workers (85), Certified Marriage/Family Therapists (86) and Certified Professional Counselors (87).

- 96150 - Health And Behavior Assessment (e.g. Health-Focused Clinical Interview, Behavioral Observations, Psychophysiological Monitoring, Health-Oriented Questionnaires), Each 15 Minutes Face-To-Face With The Patient; Initial Assessment
- 96151 - Health And Behavior Assessment (e.g. Health-Focused Clinical Interview, Behavioral Observations, Psychophysiological Monitoring, Health-Oriented Questionnaires), Each 15 Minutes Face-To-Face With The Patient; Re-Assessment
- 96152 - Health And Behavior Intervention, Each 15 Minutes, Face-To-Face; Individual
- 96153 - Health And Behavior Intervention, Each 15 Minutes, Face-To-Face; Group (2 Or More Patients)
- 96154 - Health And Behavior Intervention, Each 15 Minutes, Face-To-Face; Family (With The Patient Present)
- 96155 - Health And Behavior Intervention, Each 15 Minutes, Face-To-Face; Family Without The Patient Present

Reference Files

A problem has been identified regarding the updating of dental rates for codes that were new or revised in CDT-4 (refer to e-mail communication dated 11/14/03). The rates for the various dental codes that changed can be found on the PMMIS reference table RF 112 Procedure Maximum Allowable Charge.

Centralized Mailbox For Encounter-Related Questions

The Encounter Unit now has a centralized mailbox for encounter-related questions, problems, or issues. The email address is:

AHCCCSencounters@ahcccs.state.az.us

All e-mails will be logged into a database for tracking and reporting. Responses will be returned to the contractor. Additional development is underway to load the database to the AHCCCS website for searching and download capabilities.